Table 1

	metoprolol	nebivalol	carvedilol	p
Male	38 (59.4%)a	21 (35%)b	32 (53.3%)a.b	0,02
Female	26 (40.6%)a	39 (65%)b	28 (46.7%)a.b	0.02
Diabetes Mellitus	17 (26.6%)	20 (33.3%)	14 (23.3%)	0.494
Hypertension	51 (79.7%)a	33 (55%)b	36 (60%)b	0.008
Hyperlipidemia	29 (45.3%)a	9 (15%)b	14 (23.3%)b	0.001
Family History of coronary heart disease	9 (14.1%)	3 (5%)	5 (8.3%)	0.228
Smoking	29 (45.3%)a	14 (23.3%)b	25 (41.7%)a.b	0.023
Statin	33 (51.6%)	25 (41.7%)	28 (46.7%)	0.532
ACE	27 (42.2%)	16 (26.7%)	16 (26.7%)	0.114
ARB	18 (28.1%)	14 (23.3%)	16 (26.7%)	0.871
Tiazide	5 (7.8%)	6 (10%)	6 (10%)	0.902
Trimetazidin	3 (4.7%)	4 (6.7%)	3 (5%)	0.925
Metformine	10 (15.6%)	12 (20%)	7 (11.7%)	0.466
CIN	7 (10.9%)	5 (8.3%)	2 (3.3%)	0.283

Categorical distributions of various characteristics of the participants

Table 2

	Metoprolol	Nebivolol	Carvedilol	p
Age y	59.8±9.74a	58.23±10.6a.b	54.55±10.23b	0.014
BMI kg/m2	30.51±4.68	31.28±14.18	29.93±4.77	0.711
EF %	58.14±9.88	60.45±9.96	57.75±10.1	0.107
Mehran score	3.53±2.86	3.85±2.93	3.37±3.02	0.515
Total contrast dose ml	127.97±73.66a	99.67±39.44a	104.67±79.86b	0.009
Creatinine clearance	89.12±20.46	94.64±25.98	96.69±26.20	0.2
Basal creatinine	0.89±0.21a	0.8±0.2b	0.8±0.16b	0.023
Second day creatinine	0.92±0.26a	0.84±0.22a	0.82±0.17b	0.029
Fifith day creatinine	0.90±0.19a	0.81±0.20b	0.81±0.14b	0.008
HB	13.29±1.48	12.86±1.34	12.9±2.17	0.290
LDL	116.54±34.5	115.52±34.3	119.21±41.1	0.855
TG	161.23±89.2	168.27±151.5	180.38±122.3	0.753
Glukose	114.72±37.3	118.97±57.8	116.87±53.9	0.652

Numerical data of the distribution of various characteritics of participants

POSTERS

PP-360

Early and Midterm Outcomes of Percutaneous Treatment of Symtomatic Stenosis of Lower Extremity and Chronic Limb Ischemia

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Objectıves: Our goal is to evaluate the effectiveness, reliability, advantages and the results of early-to-mid-term of percutaneous treatment of lower extremity strictures.
Background: Technological advances in the past decade have shifted revascularization strategies from traditional open surgical approaches toward lower-morbidity percutaneous endovascular treatments for patients with lower extremity peripheral arterial disease (PAD). The role of endovascular interventions is also expanding in the treatment of limb-threatening ischemia. Especially in chronic limb ischemia and foot ulcers, diabetic patients with inoperable, there is growing interest below the knee interventions.
Methods: Between May 2011 and May 2013, 85 patients with stenosis of the lower limb arteries (iliac-femoral-popliteal-below the knee) and treated percutaneously, enrolled in the study. Although medical therapy, patients with intermittent claudication and have >70% stenosis in iliac or femoral artery, stenting procedure was performed after primary stenting or balloon angioplasty. Symptomatic patients with >70% stenosis of popliteal or below-knee artery, balloon angioplasty was performed. After the patients were followed up clinically.
Results: Tecnical success was achieved in 84 patients (98,8%). Predilatation before stent placement, 33,3% of cases performed. Post dilation procedure was performed in 66,6% of patients with used the self-expanding stent. 84 patients with iliac-femoral artery stenosis, stenting procedure is applied and concomitantly 6 patients with popliteal artery and distal to the stenosis, the balloon angioplasty was performed. Average follow-up time was 10,0±6,3 months. (1 – 25 Months). Including death, myocardial infarction, major bleeding complications were not observed depending on percutaneous procedures. Iliac stent in a patient as a complication inferior vena cava fistula formation, this complication was treated using a stent-graft. 7 patients with diabetes and foot wounds that never heal, healed wounds were observed during follow-up after the procedure. In the clinical follow-up, claudication complaints decreased and increased walking distances observed.
Conclusıon: Technical success rate and early-midterm outcomes of percutaneous treatment for PAD are magnificent. We believe that percutaneous treatment methods in lower extremity arterial stenosis, will be more widespread with percutaneous treatment techniques and operator experience increases.

Demographic charecteristics

Average age (years)	61,6 (36-85)
Diyabetes Mellitus (%)	56,0
Hyperlipidemia (%)	56,0
Cigarette (%)	37,8
Coronary Artery Disease (%)	87,8
Hypertension (%)	70,7
Gender (male %)	87,1

PP-361

Percutaneous Closure of Patent Ductus Arteriosus: Experience of a Tertiary Referral Center

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Objectıve: We sought to evaluate our clinical experience and short-term results of percutaneous closure of patent ductus arteriosus (PDA).
Materıals-Methods: We studied 20 patients (17 female, mean age 24±8 years) undergoing percutaneous closure of PDA between March 2010-March 2013 in our clinic. Amplatzer duct occluder (ADO) I was used in 13 patients and ADO II was used in 7 patients for PDA closure. Clinical charecteristics of patients, properties of percutaneous closure intervention, complications and short-term results are evaluated.
Results: The mean ductus waist diameter measured by angiographic examination was 5±2 mm (2-9 mm). Procedure was successfully performed in all patients. Occluder device embolization was occurred in one patient in whom device was retrieved by snare catheter and PDA was successfully closed with same device. The early total occlusion rate was 85%. Occlusion rate as determined by echocardiographic control performed the day after was 95% whereas 100% at first month. In the follow-up of 19±9 months, no complications were observed.
Conclusıon: Percutaneous closure of PDA using ADO I and II devices are safe and effective.

PP-362

Comparison of Clinical and Angiographic Parameters Right Coronary Artery Shapes in Patients With Acute Myocardial Infarction from Right Coronary Artery

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Purpose: Atherosclerosis is associated with the hemodynamic factors emerged from the geometry of vessels outside of the traditional risk factors. When compared C and S (sigma) shape of right coronary artery (RCA), C shape was found to be more associated with coronary artery disease in previous studies. However, in patients admitted with acute myocardial infarction(AMI) from the RCA, the effect of these two geometric shape of RCA did not evaluated on TIMI frame count (TFC), distribution and length of the lesion. The aim this study was to compare intracoronary flow rates, localization and severity of lesion between C and S shapes of RCA on coronary angiography images by evaluation of angiographic images of primary percutaneous interventions in AMI which is caused by RCA in our center.
Methods: The angiographic images of 163 of patients were evaluated who performed primary percutaneous intervention due to AMI from RCA. Patients were divided into two groups according to the geometric shape of RCA. Clinical and angiographic parameters were compared in terms of C and S shapes of RCA.